



BRIDGING THE GAPS OF HEALTH DISPARITIES

AmeriHealth Caritas addresses health care and the social determinants of health in the populations we serve so our members and their communities can achieve maximum well-being and independence.

The impact of social factors

HEALTH INEQUITIES ARISE FROM THE SOCIETAL CONDITIONS IN WHICH PEOPLE ARE BORN, GROW, LIVE, WORK AND AGE.

This statement, phrased by the World Health Organization (WHO),¹ may seem so logical it would be unnecessary to say. Yet, for those unfamiliar with hunger, homelessness, unemployment, and the other perils of being poor or disabled, the reality of these words is often ignored. For those living in poverty or adjusting to life with physical or emotional vulnerabilities, the reality is unavoidable.

These societal conditions include what are commonly known as the social determinants of health, and, for many Medicaid beneficiaries, they are a daily challenge. Without regular access to the basic necessities of life that others take for granted — nutritious food, safe housing, education, job opportunities, transportation, community supports, and more — they often find themselves in a cycle of dependency and despair that is nearly impossible to escape without a helping hand.

We look beyond physical health to the environment in which our members live and to the resources and opportunities they need to become self-sufficient.

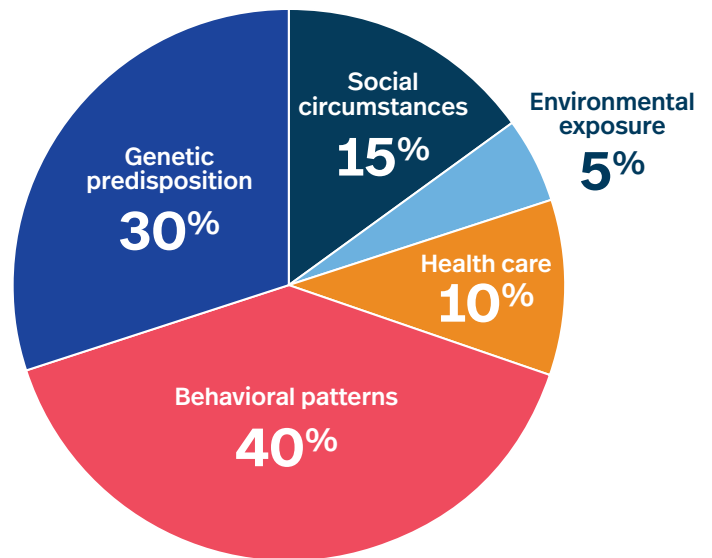
AmeriHealth Caritas has long recognized this challenge and is committed to providing our members with greater access to programs and interventions that address the range of factors that contribute to a person's level of overall well-being. We look beyond physical health to the environment in which our members live and to the resources and opportunities they need to become self-sufficient.

Addressing the social determinants of health — the conditions in which our members live, which often lack essential resources, negatively impacting their overall health — is central to our mission to help people get care, stay well, and to build healthy communities. As a Medicaid managed care organization, we are uniquely positioned to identify the gaps in our members' lives and their communities and help fill those gaps through special programs and partnerships. Such support is as important to our members' well-being as our commitment to helping ensure they

receive preventive health services or support to manage chronic conditions. Attention to social determinants can actually prolong lives.

An analysis by the Centers for Disease Control and Prevention (CDC) found that 60 percent of premature deaths are associated with social, environmental, and behavioral circumstances. Only 10 percent are the result of inadequate clinical care, and 20 to 30 percent stem from genetics (see **Figure 1**).²

Figure 1. Causes of premature death in the United States.



Source: Steven A. Schroeder, MD, "We Can Do Better — Improving the Health of the American People," *N Engl J Med*, 2007; Vol. 357:1221-1228.

Additional research by the Kaiser Family Foundation shows that social factors, such as low education, racial segregation, lack of social supports, and poverty, account for more than one-third of total deaths in the United States every year.³

Moving beyond clinical care

Social determinants are at the heart of AmeriHealth Caritas' new health care delivery model — the Next Generation Model of Care — which advances our long-standing integrated approach to our members' health. Almost 20 years ago, we began addressing behavioral and pharmacy health issues in addition to physical health. That quickly evolved to include programs that address the root causes of poverty, which are barriers to well-being — and self-sufficiency — for many.

With a commitment to helping our members break the cycle of poverty and dependency, we have continued to develop responsive programs and forge partnerships with community-based organizations that offer assistance in areas such as education, job training, employment, food, and housing. We are adding and expanding programs in each of our markets that respond to the unique scenarios of our members, their neighborhoods, and their

1. "Rio Political Declaration on the Social Determinants of Health," World Conference on the Social Determinants of Health, World Health Organization, Rio De Janeiro, Brazil, October 2011.

2. Nancy E. Adler and Aric A. Prather, "Population Health: Behavioral and Social Science Insights: Determinants of Health and Longevity," U.S. Department of Health and Human Services, Agency for Healthcare Research and Quality, September 2015, www.aHRQ.gov/professionals/education/curriculum-tools/population-health/adler.html#ref4.

communities, recognizing what studies show, that more than 80 percent of a person's health is tied to factors other than clinical care.⁴

Everyone's health reflects where and how they live and whether they have access to the resources that impact every part of their physical, emotional, and social well-being. This reality means many Medicaid beneficiaries, especially those living below the poverty line, are at a disadvantage, often resulting in health disparities that can lead not only to higher levels of debilitating illnesses, such as heart disease and diabetes, but also trap them in poverty.

AmeriHealth Caritas is responding by delivering an unprecedented, relationship-based, whole-person model of care — a strategy that fully integrates the social and clinical programs that produce a material difference in the outcome of our members' overall health.

Data drives our member-by-member approach

To provide the most effective services and support, we capture and integrate extensive data and information and, through analysis, are able to discover the health patterns and social factors that make up population health in the communities we serve. Population health is about the health outcomes of a group of people that can be defined as a population — a “community” — with shared experiences, resources, demographics, and other common denominators that determine a person's quality of life. By understanding population health and the underlying factors that influence it, we are able to create more innovative and sustainable solutions to address the issues that lead to health disparities. Through the use of more comprehensive data analytics, we are also gaining deeper insight to guide community investments to the areas of greatest need and for maximum benefit.

In addition, with this insight, we are able to map the shared needs of our members and dig deeper into the circumstances of each individual member. This is essential, because every person's experience within their community can differ greatly, resulting in different support needs. In response, we are taking a customized, person-by-person — as well as block-by-block and ZIP code-by-ZIP code — approach to health care to achieve better life outcomes for our members individually and help improve the social conditions of their communities overall.

We have sharpened how we screen for the effects of social determinants and how we capture relevant data across five broad domains, as shown in **Figure 2**. We are building a more robust social determinant data set by increasing both the survey-based social determinant data and the claims-based database of social determinants ICD-10 codes (the International Statistical Classification of Diseases and Related Health Problems codes, tenth revision, for the social determinants, created by WHO).

Our goal is to incorporate non-clinical data points into our predictive modeling to stratify our members by social risk. This provides insight into a member's unique situation so we can more effectively — and proactively — address obstacles that stand in the way of their health. Once we understand a member's non-clinical needs and vulnerabilities, we can engage in more personalized and meaningful conversations; we can build a level of trust. This is essential to forging a partnership that not only helps our members find essential resources, such as food and shelter, but also provides ongoing guidance and encouragement to address the range of social determinant deficiencies in their lives.

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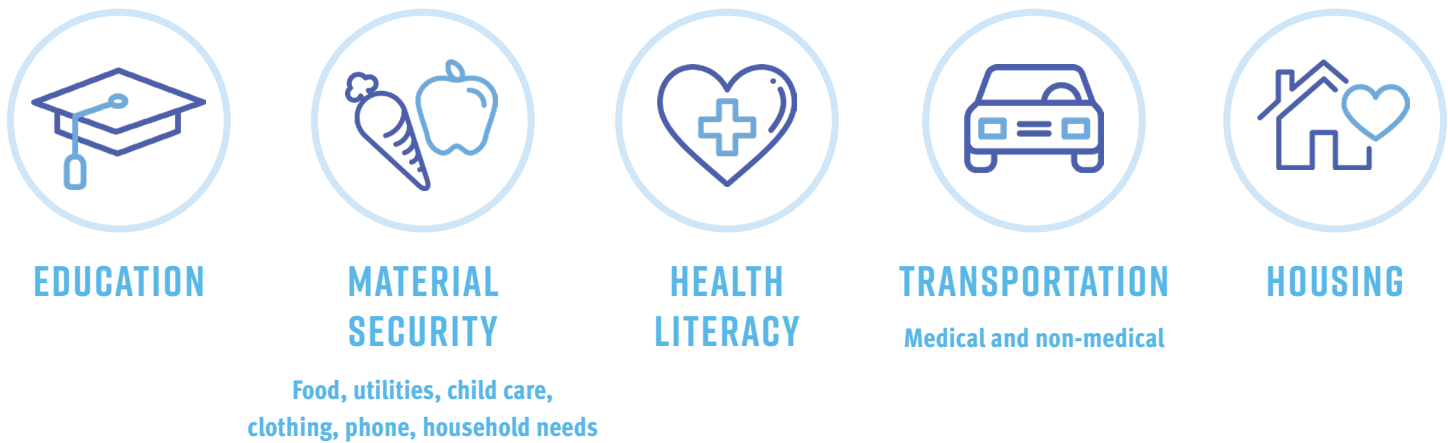


3. Harry J. Heiman and Samantha Artiga, "Beyond Health Care: The Role of Social Determinants in Promoting Health and Health Equity", Kaiser Family Foundation, November 2015.

4. Sanne Magnan, "Social Determinants of Health 101 for Health Care: Five Plus Five." National Academy of Medicine, Perspectives, Discussion paper, October 2017, <https://doi.org/10.31478/201710c>.

This individualized approach is proving to be a more effective way to help our members confront the detrimental social conditions that interfere with both their physical and emotional health. It also delivers cost efficiencies, as shown in the sidebar, **the cost benefits of investing in social determinants of health**, emphasizing the relationship between physical health and social conditions.

Figure 2. The five domains of social determinants.



It starts even before “Welcome”

There are no shortcuts to member care. Our focus on societal conditions and the social determinants of health begins even before someone becomes a member of AmeriHealth Caritas. We use data and analytics to identify, down to the block level in a community, where gaps exist in essential resources. We know, for example, when someone lives in a food desert, lacks access to public transportation, confronts crime and safety issues routinely, or attends a school with lower academic ratings.

Our efforts to understand the community and its challenges mean once we have a new member, we can start the conversation about social determinants during the initial welcome call and health risk assessment. To align our approach with our providers, we leveraged, as the basis of our assessments, the “Protocol for Responding to and Assessing a Patient’s Assets, Risks, and Experiences” (PRAPARE). This national standard, developed under the leadership of the National Association of Community Health Centers, was developed to help health centers and other providers collect the best data to better understand and act on their patients’ social determinants of health. We added even more questions to the assessments to determine levels of need and which pathways of support would be most appropriate to activate. We continue to address nonclinical needs during care management assessments, ongoing outreach, and community interactions.

Building a network of support

Attention to social determinants reduces health disparities and improves the well-being of both individuals and their communities. It can also change lives for the better — possibly even save lives when the obstacles to employment alone are removed, according to numerous studies. One of them, based on data from the U.S. Department of Labor, suggests that “job loss is associated with a 73 percent increase in the probability of death.”⁵

Other studies show the link between income and life expectancy has become stronger over time. For example, in an article on population health, published in 2017 in *The Lancet* as part of a series about equity and equality in American health, researchers found that by 2014, 50 percent of the income in the United States went to just the wealthiest 10 percent of the population — “a level of inequality not seen since before the Great Depression” — and since the year 2000, real income for the poor and middle class has declined.⁶

Addressing disparities in income and other social determinants is vital to the health of our entire country.

5. Jose A. Tapia Granados, James S. House, Edward L. Ionides, Sarah A. Burgard, “Individual Joblessness, Contextual Unemployment and Mortality Risk,” *Am J Epidemiol*, July 2014, doi: 10.1093/aje/kwu128.

6. Jacob Bor, Gregory H Cohen, Sandro Galea, “Population Health in an Era of Rising Income Inequality: USA, 1980 – 2015,” *The Lancet*, Vol. 389, No. 10077, 2017, pp. 1475 – 1490, doi: 10.1016/S0140-6736(17)30571-8



The cost benefits of investing in the social determinants of health

An analysis of labor and health care data by consulting firm PwC concluded that health disparities in the United States result in \$102 billion in direct medical costs every year. The findings further suggest that "... greater attention to social factors can affect care utilization patterns, strengthen prevention, and shift services from higher-cost emergency rooms and hospitals to lower-cost primary care settings."⁷

Our own analysis of care utilization among our members supports that premise. We learned that high-risk members who engaged with community-based services had more social determinant vulnerabilities than those not engaged with such services. In the sample studied, those vulnerabilities included low health literacy (34 percent), lack of transportation to medical facilities (23 percent), and food insecurity (23 percent).

Among this group, the benefits of receiving community-based services were evident by significant reductions in acute utilization, from baseline, of health care services as follows:

- ↓ 26% inpatient admissions
- ↓ 27% inpatient days
- ↓ 22% potentially preventable inpatient admissions
- ↓ 9.7% emergency room visits
- ↓ 12% potentially preventable emergency room visits

Health disparities in the United States result in \$102 billion in direct medical costs every year.

7. PwC analysis using the following: Joint Center for Economic and Political Studies, "The Economic Burden Of Health Inequalities in the United States," 2009; National Urban League; "State of Urban Health: Eliminating Health Disparities to Save Lives and Cut Costs," 2012; Bureau of Labor Statistics, "Consumer Price Index," 2016; Health Affairs, "The Relative Contribution of Multiple Determinants to Health," 2014.

Addressing disparities in income and other social determinants is vital to the health of our entire country. When segments within a community suffer, the ripple effect compromises the well-being of everyone. In addition to creating a weaker national economy and a large population of people with low levels of education and compromised health, many studies show a lack of access to essential resources correlates with higher crime rates and general distrust in a community, which spills over into neighborhoods of all income levels. And the longer large groups of people are left at a social disadvantage, live in poverty, and struggle to meet basic needs, the bigger the social ills.

AmeriHealth Caritas has been building a network of support programs and resources throughout our markets to stop this scenario, with an ultimate goal to help our members lift themselves onto a pathway of prosperity. But we cannot reach this goal alone. We rely on community-based organizations and networks of support resources to help our members help themselves.

We have created programs such as Mission GED and Pathways to Work to improve the job prospects of our members. We also refer our members to local organizations that provide services directly or that can connect our members with other community-based organizations that assist with food, shelter, transportation, and similar necessities (see **Figure 3**).

Figure 3. Social determinant programs and services

THROUGH A NETWORK OF PROGRAMS AND PARTNERSHIPS, AMERIHEALTH CARITAS HELPS OUR MEMBERS FIND ESSENTIAL RESOURCES.



TRANSPORTATION

We offer transportation to members needing a ride to and from appointments with primary care providers through partnerships with local transportation services, such as Lyft in Washington, D.C.



HOUSING STABILIZATION

We assist members in navigating the housing system with the goal of securing accessible, affordable housing through federal, state, and local programs or in making modifications due to health.



PEER SUPPORTS

We offer peer-support programs and community resources, such as our wellness centers, to motivate members to participate in preventive health care and to change unhealthy behaviors.



EMERGENCY FOOD AND CLOTHING

We help members find donation centers in their neighborhoods, and through partnerships with programs, such as the Metropolitan Area Neighborhood Nutrition Alliance (MANNA) in Philadelphia and Mom's Meals nationwide, we help members with special needs due to illness, hospitalization, or pregnancy access nutritious meals.



EMPLOYMENT

We help members find a pathway to self-sufficiency through programs such as Mission GED and Pathways to Work, which prepare them for jobs and career opportunities.



Removing barriers to total health

AmeriHealth Caritas is uniquely positioned to identify and address the social determinants of health that are beyond the reach of our members. Through direct contact and our provider network, we witness the challenges they confront every day and can serve as the bond between our members and both community and government resources, effectively multiplying the positive impact we have on a member's life.

Volumes of research tell us a person's well-being begins with the social determinants of health — nutritious food, safe housing, education, job opportunities, transportation, community supports, and more. There is an interdependency among social determinants as well, so the solution is multifaceted for low-income families who live in or on the brink of poverty. For example, if they don't have access to food, they become ill and unable to work. If they don't work, they can't find decent housing. If they can't find decent housing, they end up in a marginalized neighborhood, which triggers both physical and emotional stress. Such scenarios further destroy opportunities to earn an income and to have the safety and security we all need to sustain a healthy life: Total health and well-being physically, emotionally, and socially.

The list of dependencies goes on and highlights the opportunity — and the importance — for Medicaid programs to be a bridge for our members. We are capable of addressing the social determinants of health on an individual basis, and we can build essential networks to link our members to resources and opportunities that will help them achieve independence and self-sufficiency, and, with sustained momentum, transition from just functioning to thriving.

AmeriHealth Caritas is uniquely positioned to identify and address the social determinants of health that are beyond the reach of our members.





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